**MLQ ATTORNEY SERVICES**

**Do NOT Submit Directly to Accushield**

2000 RIVEREDGE PARKWAY, SUITE 885

ATLANTA, GA 30328

Sign and complete this form to authorize MLQ ATTORNEY SERVICES to make a debit to your credit card listed below.

**Please complete the information below:**

Client/Firm Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

I authorize a one-time charge against my credit card for the following amount $\_\_\_\_\_\_\_\_\_

I authorize charges for any additional related services that I may incur. Charges to my account may vary. I will be provided notice if the charges exceed $ \_\_\_\_\_\_\_\_\_\_

I authorize a recurring charge against my credit card for the following amount:

$\_\_\_\_\_\_\_\_\_\_\_\_\_ once every \_\_\_\_\_ day(s)/week(s)/month(s)/year(s) beginning

/ / and ending after payments.

**Required Information**

Credit Card Type: MasterCard Visa American Express Discover Card

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Month: Expiration Year: Billing Zip code: \_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature X Date \_/ \_\_ / \_ \_

MLQ Job # (if known)/Client Reference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Phone: Georgia: 770-984-7007/800-446-8794* |*Alabama: 855-273-7831* | *Fax: 770-984-7049* | *Email:* [*orders@mlqas.com*](mailto:orders@mlqas.com)